City of Santa Clara

Fire Department Hazardous Materials Division 1675 Lincoln Street Santa Clara, CA 95050-4653 (408) 615-4960 FAX 241-3006



HAZARDOUS WASTE GENERATOR PERMIT APPLICATION

Business Name:			
Site Address:	City:	_ Zip:	
Mailing Address:	City:	Zip:	
Business Owner Name:			
Proprietor /Billing Contact Name (if different from owner):			
Billing Address: (if different from mailing address)	_ City:	_ Zip:	
Facility Phone No.:	_ Days/Hours of Operation:		
Contact Person:	_ Contact Phone Number:		
Principal Type of Business:	_ EPA I.D. Number:		
Primary Standard Industrial Classification (SIC) 4 Digit Code N	Number:		
List any other permits you currently have for the storage, treatments	nent and/or disposal of haz	cardous waste:	
Does this facility discharge process waste waters to sanitary sev	wer?	□ No.	
Does this facility generate infectious/biomedical wastes?	wei? ☐ Yes		
Does and facility generate infectious/bioinfedical wastes:	□ 1¢3	- 110	

Hazardous Waste Inventory Information:

The annual permit fee is determined by the total quantity of hazardous waste generated per year. Complete the table on the following page for all hazardous waste inventory (*e.g.*, used oil, used parts cleaning solvent, used oil filters, waste paint, etc.). Use the Definitions of Treatment/Disposal Methods described below.

Recycled on-site: The facility takes the waste or any constituent of the waste, treated or not, and reuses it on-site or ships it off-site as an Excluded Recyclable Material.

Treated on-site: The facility employs any method, technique, or process which changes or is designed to change the physical, chemical, or biological character or composition of the hazardous waste or any material contained therein, or removes or reduces its harmful properties or characteristics for any purpose including, but not limited to, energy recovery, material recovery, or reduction in volume (*e.g.*, pH adjustment, evaporation, precipitation, filtration, distillation, compacting, etc.). If after treatment, the material is reused at the facility, the "Recycled on-site" box in the waste inventory table should be checked.

Shipped off-site for recycling/treatment/disposal: The facility sends the waste, or any hazardous treatment residual, to an off-site permitted treatment, storage, or disposal facility (TSDF).

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Hazardous Waste Inventory Information (continued):

Name of Hazardous Waste	Treatment/Disposal Method(s) (Definitions provided on bottom of page 1)	Quantity Generated per Year*	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
	☐ Recycled on-site ☐ Treated on-site ☐ Shipped off-site for recycling/treatment/disposal	□ gal. □ lbs.	
1 1 1	uids may be reported in either pounds or gallons.	eatment/disposal category	
may apply. All applicable boxes in colum	onstituents are recycled and/or treated, more than one treat in two of the waste inventory table should be checked.	adment disposar category	
The undersigned hereby applies for a hazardous waste generator permit from the City of Santa Clara. I hereby certify that the submitted information is true, accurate, and complete.			
Signature of Owner/Operator:	Title:	Date:	